Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD HARRISONVILLE, MO 64701-0000

BILL TO

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JŁ ... -11:, MO 65102

Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the completed form for your records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drinking Water Branch at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Public Health Laboratory at (573) 751-3334.

Complete or correct the following information

Collected Date: / 7 - / -

PWS Id: MO1024118

Sample Type: Write

Location:

Collector Phone:

Repeat Location:

Free Chlor

Collector Signa

Collected Time: 05-30

Facility Id: DS

Sample Collection Point

Collecto

Sample Category: Bacterial

Bottle Number: 68530

Total Chlorine:

County: CASS

For Laboratory Use Only -- Please do not write below this line

Received By:

Evidence of Tampering:

Bottles Received:

Date Printed: 2016-10-20

Yes No pH:

Evidence of Cooling:

Yes

No

Temperature (Celsius):

Thermometer ID:

SD 062015

Missouri Department of Health & Senior Services

State Public Health Laboratory

101 N. Chestnut

PO Box 570

BUILD ID

BUILD ID _____

http://www.health.mo.gov/lab/index.php



Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

178



CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

BILL TO



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Requested Analyses/Tests PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the completed form for your records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drinking Water Branch at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Public Health Laboratory at (573) 751-3334.

Complete or correct the following information

Collected Date: 17 - 1-10

Collected Time: d: 3 a

PWS ld: MO1024118

Facility Id: DS

Sample Collection Point (

Location

Sample Category: Bacterial

Repeat Location:

Sample Type:

Collector Phone

Bottle Number 68440

Free Chlorine

Yes

No

Total Chlorine: 1. 90

County: CASS

Collector Signatu

For Laboratory Use Only -- Please do not write below this line

Received By:

Evidence of Tampering:

Evidence of Cooling:

Yes No

Date Printed: 2016-10-20 Bottles Received:

Temperature (Celsius):

Thermometer ID:

pH:

http://www.health.mo.gov/lab/index.php State Public Health Laboratory Jefferson City, MO 65102 101 N. Chestnut PO Box 570

BUILD ID _____

BUILD ID

SD 062015

Missouri Department of Health & Senior Services

Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD HARRISONVILLE, MO 64701-0000 BII' TO 25 MO 11

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Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the completed form for your records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drinking Water Branch at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Public Health Laboratory at (573) 751-3334.

Complete or correct the following information

Collected Date: 17 1/0/0

Collected Time: 07 120

PWS Id: MO1024118

Facility Id: DS

Sample Type: Ari

Sample Collection Point ld:

Location:

(6), (b) (7)(C)

Collector:

Sample Category: Bacterial

Repeat Location:

Collector Phone:

Bottle Number: 68492

Free Chlorine:

Total Chlorine: 2/6

Collector Signature:

For Laboratory Use Only -- Please do not write below this line

Received By:

Yes No pH:

Evidence of Cooling:

No

Evidence of Tampering: Date Printed: 2016-10-20

Bottles Received:

Temperature (Celsius):

Thermometer ID:

BUILD ID _____

BUILD ID _____

Missouri Department of Health & Senior Services

http://www.health.mo.gov/lab/index.php State Public Health Laboratory Jefferson City, MO 65102 101 N. Chestnut PO Box 570

County: CASS

Containers in Order: 1

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

B 2 M 2017-01-11 08:46

Ilui mivemine prive JEFFERSON CITY, MO 65102

Sample Collection Form Environmental

Requested Analyses/Tests PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the completed form for your records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drinking Water Branch at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Public Health Laboratory at (573) 751-3334.

Complete or correct the following information

Collected Date: 17-1-16

Collected Time: 08:15

PWS ld: MO1024118

Facility Id: DS

Sample Type: Loutian

Sample Collection Point

b) (6), (b) (7)(C) Collector Phone

Sample Category: Bacterial

Repeat Location:

Bottle Number: 6 96 08

Free Chlorine:

Total Chlorine: 2, 15

Collector Signature

County: CASS

For Laboratory Use Only -- Please do not write below this line

Received By:

Evidence of Tampering:

Evidence of Cooling:

No

Date Printed: 2016-10-20

Temperature (Celsius):

Bottles Received:

Thermometer ID:

101 N. Chestnut PO Box 570

nttp://www.health.mo.gov/lab/index.php

Jefferson City, MO 65102

Missouri Department of Health & Senior Services

State Public Health Laboratory

BUILD ID _____

Yes

No



Containers in Order: 1

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

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Sample Collection Form Environmental

Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the completed form for your records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drinking Water Branch at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Public Health Laboratory at (573) 751-3334.

Complete or correct the following information

Collected Date 7-1-10

Collected Time: 08:50

PWS ld: MO1024118

Facility Id: DS

Sample Type: Kinting

Sample Collection Point

Collector

Location

Collector Phone:

Sample Category: Bacterial

Repeat Location:

Free Chlorin

Collector Signatu

Bottle Number: 6 95 32

Total Chlorine: / 8.5

County: CASS

For Laboratory Use Only -- Please do not write below this line

Received By:

Bottles Received:

Date Printed: 2016-10-20

Evidence of Tampering: Yes No

Evidence of Cooling:

Yes

No

Temperature (Celsius):

Thermometer ID:

nttp://www.health.mo.gov/lab/index.php State Public Health Laboratory Jefferson City, MO 65102 01 N. Chestnut PO Box 570

Missouri Department of Health & Senior Services

BUILD ID _____

Pages in Order: 1 of 1

Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

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Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the completed form for your records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drinking Water Branch at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Public Health Laboratory at (573) 751-3334.

Complete or correct the following information

Collected Date 17-1-10

Collected Time: 09!35

PWS ld: MO1024118

Sample Collection Point

Facility Id: DS

Collector:

Collector Phone:

Sample Type:

Location:

Sample Category: Bacterial

Bottle Number: 68979

Total Chlorine: 1, 95

County: CASS

Repeat Location:

Free Chlorine

Collector Signature

For Laboratory Use Only -- Please do not write below this line

Received By:

Bottles Received:

Evidence of Tampering:

Yes No pH:

Evidence of Cooling:

No

Date Printed: 2016-10-20

Temperature (Celsius):

Thermometer ID:

SD 062015

BUILD ID ____

Sample Collection Form Environmental

Order #: 8503

Pages in Order: 1 of 1

Containers in Order: 1

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

BIL' 29 MO 2017-02-16 08:39

JEFFERSON CITY, MO.

Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the conyour records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drink at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Por Laboratory at (573) 751-3334.

Water Branch

Complete or correct the following information

Collected Date: 17 -

Collected Time: 0:530

PWS Id: MO1024118

Sample Type: 140

Sample Collection Point

(6), (b) (7)(C)

Location:

Collector Phone:

(6), (b) (7)(C)

No

Sample Category: Bacterial

Collector:

Facility Id: DS

Repeat Location:

Bottle Number: 35854

Free Chlo

Total Chlorine 2. 63

Collector Signa

County: CASS

For Laboratory Use Only -- Please do not write below this line

Received By:

Evidence of Tampering: Yes

Evidence of Cooling:

Yes 1:

Date Printed: 2017-01-20

Bottles Received:

Temperature (Celsius):

Thermometer ID:

BUILD ID

BUILD ID _____

Missouri Department of Health & Senior Services State Public Health Laboratory 101 N. Chestnut

PO Box 570

Jefferson City, MO 65102 http://www.health.mo.gov/

Pages in Order: 1 of 1

Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD HARRISONVILLE, MO 64701-0000 BILL TO:

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Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the conyour records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drins at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Pur Laboratory at (573) 751-3334.

ed from for Water Branch

Complete or correct the following information

Collected Date: 17 - 2 - 15

Collected Time: 0 6-15

PWS Id: MO1024118

Facility Id: DS

Sample Type: Routin D

Sample Collection Point

Location

Sample Category: Bacterial

Collecto

Repeat Location:

Collector Phon

Free Chlori

Collector Signatu

Bottle Number: 93278

Total Chlorine: 2. /

County: CASS

For Laboratory Use Only -- Please do not write below this line

Received By:

Evidence of Tampering:

Yes No

Evidence of Cooling

Yes

top

Date Printed: 2017-01-20

Temperature (Celsius)

Thermometer ID:

SD 062015

BUILD ID ____

Bottles Received:

Missouri Department of Health & Senior Services State Public Health Laboratory 101 N. Chestnut PO Box 570

http://www.health.mo.gov/lab/index.php

Jefferson City, MO 65102

Sample Collection Form

Environmental

Pages in Order: 1 of 1

Order #: 8503

Containers in Order: 1

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

BILL TO:

296

MO

Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the con. your records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drink at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Poi Laboratory at (573) 751-3334.

Water Branch

Complete or correct the following information

Collected Date: ,

Collected Time: 0 7:00

PWS ld: MO1024118

Facility Id: DS

Sample Type:

Sample Collection Point

Location:

Collector

Collector Phone:

Sample Category Bacterial

Repeat Location:

Free Chlor

Collector Signati

Bottle Number: 865 8

Total Chlorine: /.

County: CASS

For Laboratory Use Only -- Please do not write below this line

Received By:

http://www.health.mo.gov/lab/index.php

Evidence of Tampering:

Yes No

Evidence of Cooling:

Yes M

Date Printed: 2017-01-20

Bottles Received:

Temperature (Celsius).

Thermometer ID:

SD 062015

101 N. Chestnut PO Box 570 Jefferson City, MO 65102

BUILD ID

BUILD ID

Sample Collection Form Environmental

Pages in Order: 1 of 1

Containers in Order: 1

Order #: 8503

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

BILL TO:

296

MO

17-02-16 08:39

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Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the const your records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drinat (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Pol-Laboratory at (573) 751-3334.

ent to any for Water Branch

Complete or correct the following information

Collected Date:

Collected Time. O 7: 5.5

PWS Id: MO1024118

Facility Id: DS

Sample Type:

Sample Collection Point C

Collector Phone

Location:

Sample Category: Bacterial

Collector.

Repeat Location:

Free Chlor

Collector Signat

Bottle Number 03907

Total Chlorine: 2.3/

County: CASS

For Laboratory Use Only -- Please do not write below this line

Received By:

Evidence of Tampering:

Yes No

Evidence of Cooling

Temperature (Celsius).

1.1:

Date Printed: 2017-01-20

Thermometer ID

Bottles Received:

BUILD ID _____

BUILD ID _____

SD 062015

101 N. Chestnut PO Box 570

http://www.health.mo.gov/lab/index.php

Jefferson City, MO 65102

Missouri Department of Health & Senior Services

State Public Health Laboratory

Pages in Order: 1 of

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Sample Collection Form

Environmental

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

BILL TO:

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Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the conyour records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drink at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Pul-Laboratory at (573) 751-3334.

Water Branch

Complete or correct the following information

Collected Time: 08.40

PWS Id: MO1024118

Facility Id: DS

Sample Type:

Sample Collection Point

Collecto

Location

Sample Category Bacterial

Repeat Location:

Collector Phone:

Free C

Collector Sig

Bottle Number 36446

Total Chlorine: 2, 42

County: CASS

For Laboratory Use Only -- Please do not write below this line

Received By:

Evidence of Tampering: Date Printed: 2017-01-20 Yes No Evidence of Cooling:

Yes

Temperature (Celsius)

Thermometer ID:

Jefferson City, MO 65102 nttp://www.health.mo.gov PO Box 570

BUILD ID

BUILD ID _____

Missouri Department of Health & Senior Services

State Public Health Laboratory

01 N. Chestnut

Bottles Received:



Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

BILL TO:

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2017-02-16 08:39

Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the conyour records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drink at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Put Laboratory at (573) 751-3334.

ed term for Water Branch

Complete or correct the following information

Collected Date:

Sample Type:

Location:

Collected Time: 09:15

PWS Id: MO1024118

Sample Collection Point

Collector

Collector Phone:

Sample Category: Bacterial

Facility Id: DS

Bottle Number 32344

Total Chlorine: 1. 99

County: CASS

Repeat Location:

Free Chl

Collector Signa

For Laboratory Use Only -- Please do not write below this line

Received By:

Bottles Received:

Evidence of Tampering: Date Printed: 2017-01-20 Yes

No

pH:

Evidence of Cooling:

Yes

N

Temperature (Celsius)

Thermometer ID

State Public Health Laboratory PO Box 570 Jefferson City, MO 65102 http://www.health.mo.gov 101 N. Chestnut

SD 062015

BUILD ID _____

BUILD ID

Pages in Order: 1 of 1

Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

BILL TO:

296

MO D 1101 JEFF. 2017-03-14 08:39

Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the completed form for your records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drinking Water Branch at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Public Health Laboratory at (573) 751-3334.

Complete or correct the following information

Collected Date:/ 7 - 3 - 13

Collected Time: ()(0.00

PWS ld: MO1024118

Facility Id: DS

Sample Type: Routing

Sample Collection Point

Location:

Collector;

Collector Phone:

Sample Category: Bacterial

Repeat Location:

Bottle Number: 84503

Free Chlorine:

Total Chlorine: 2.58

Collector Signature

No

Yes

County: CASS

efferson City, MO 65102

For Laboratory Use Only -- Please do not write below this line

Received By:

Evidence of Tampering:

Evidence of Cooling:

No

Date Printed: 2016-10-20 Bottles Received:

Temperature (Celsius):

Thermometer ID:

pH:

SD 062015

01 N. Chestnut

BUILD ID _____

BUILD ID _____

Missouri Department of Health & Senior Services State Public Health Laboratory

PO Box 570



Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

BILL TO:

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Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the completed form for your records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drinking Water Branch at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Public Health Laboratory at (573) 751-3334.

Complete or correct the following information

Collected Date: 17- 3-13

Facility Id: DS

Collected Time: 06'.50

PWS Id: MO1024118

Sample Type: Ronting

Location:

Sample Collection Point

Collector Phone:

Sample Category: Bacterial

Collector

Repeat Location:

Bottle Number: 88429

Free Chlorine

Total Chlorine: 2. 0/

County: CASS

Collector Signatu

For Laboratory Use Only -- Please do not write below this line

Received By:

Evidence of Cooling:

Yes No

Evidence of Tampering: Date Printed: 2016-10-20 Yes

No

Temperature (Celsius):

Thermometer ID:

Bottles Received:

BUILD ID _____

SD 062015

Missouri Department of Health & Senior Services

State Public Health Laboratory

101 N. Chestnut

PO Box 570

http://www.health.mo.gov/lab/index.php

Jefferson City, MO 65102



Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

178

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CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

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Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit, If desired, make a copy of the completed form for your records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drinking Water Branch at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Public Health Laboratory at (573) 751-3334.

Complete or correct the following information

Collected Date: 17-3-13

Collected Time:

07:35

PWS Id: MO1024118

Sample Type: Routine

Facility Id: DS

Sample Collection Point

Location:

Collecto

Collector Phone:

Sample Category: Bacterial

Repeat Location:

Bottle Number: 88450

Free Chlorine:

Total Chlorine: 2. 48

Collector Signature:

County: CASS

For Laboratory Use Only -- Please do not write below this line

Received By:

Evidence of Cooling:

Yes

No

Evidence of Tampering: Date Printed: 2016-10-20 Bottles Received:

Temperature (Celsius):

Thermometer ID:

SD 062015

101 N. Chestnut PO Box 570

Missouri Department of Health & Senior Services

State Public Health Laboratory

BUILD ID _____

Yes

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BUILD ID

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http://www.health.mo.gov/lab/index.php

Pages in Order: 1 of

Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

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CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

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Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the comyour records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drink at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Pul-Laboratory at (573) 751-3334.

red form for Water Branch

Complete or correct the following information

Collected Date: 17-3-13

Collected Time: 08 15

PWS ld: MO1024118

Facility Id. DS

Sample Type: Routing

Sample Collection Point O

Location:

Collecto

Collector P

Sample Category: Bacterial

Repeat Location:

Bottle Number: 88537 Total Chlorine: 26/

Free Ch

County: CASS

Collector Sign

For Laboratory Use Only -- Please do not write below this line

Received By:

Bottles Received:

Date Printed: 2017-01-20

Evidence of Tampering:

Yes No Evidence of Cooling

Yes

Temperature (Celsius)

Thermometer ID:

Jefferson City, MO 65102 101 N. Chestnut PO Box 570

BUILD ID _____

BUILD ID _____

SD 062015

Pages in Order: 1 of 1

Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

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2017-03-14 08:39

Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the consed from for your records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drink . Water Branch at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Put Laboratory at (573) 751-3334.

Complete or correct the following information

Collected Date: 17-3-13

Collected Time: 08:50

PWS ld: MO1024118

Sample Collection Point

Facility Id: DS

Sample Type: Roy Tind

Collector

Collector Phor

Sample Category: Bacterial

Repeat Location:

Location:

Bottle Number: 88468

Free Chlorine

Total Chlorine: 1. 98

(6), (b) (7)(C)

County: CASS

Collector Signature

For Laboratory Use Only -- Please do not write below this line

Received By:

Evidence of Tampering:

Evidence of Cooling:

Yes

DJ:

Date Printed: 2017-01-20 Bottles Received:

Temperature (Celsius):

Thermometer ID:

http://www.health.mo.gov/lab/index.php Jefferson City, MO 65102 101 N. Chestnut Box 570

SD 062015

BUILD ID _____

Yes

No

BUILD ID _____

Missouri Department of Health & Senior Services State Public Health Laboratory

Pages in Order: 1 of 1

Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

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Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the completed form for your records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Dunk Water Branch at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Misseuri State Pull Health Laboratory at (573) 751-3334.

Complete or correct the following information

Collected Date 17-3-13

Collected Time: 09'30

PWS ld: MO1024118

Facility Id: DS

Sample Type: Louting

Sample Collection Point

Location:

Collecto

Collector Phone:

Sample Category: Bacterial

Repeat Location:

Bottle Number: 884 98

Free Chlorine:

Total Chlorine: 2 1/

Collector Signature:

County: CASS

For Laboratory Use Only -- Please do not write below this line

Received By:

pH:

Evidence of Tampering:

Evidence of Cooling:

N Yes

Date Printed: 2017-01-20

Temperature (Celsius)

Bottles Received:

Thermometer ID

SD 062015

01 N. Chestnut

BUILD ID

Yes

No

BUILD ID _____

Missouri Department of Health & Senior Services State Public Health Laboratory

O Box 570

lefferson City, MO 65102 nttp://www.health.mo.gov

Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

BILL TO:

2961

MO Di 1101 JEFFE

Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the completed form for your records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drinking Water Branch at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Public Health Laboratory at (573) 751-3334.

Complete or correct the following information

Collected Date:

Collected Time: 06 00

PWS ld: MO1024118

Facility Id: DS

Sample Type: Kinting

Sample Collection Point C

Collector

Location:

Sample Category: Bacterial

Collector Phone:

Bottle Number: 86583

Repeat Location: Free Chlorine

Total Chlorine: 2.32

Collector Signatu

County: CASS

Missouri Department of Health & Senior Services State Public Health Laboratory

101 N Chestru

in Cicolini	PO Box 570	Jefferson City, MO 65	III.	
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dence of Tampering:	Yes	No	Evidence of Cooling:
Drinted: 2016 07 00			

Evid

Yes No

Date Printed: 2016-07-20 Bottles Received:

Received By:

Temperature (Celsius):

Thermometer ID:

pH:

BUILD ID

BUILD ID _____

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Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

178

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CASS CO PWSD 9 25902 SOUTHWOOD RD HARRISONVILLE, MO 64701-0000 29 94608 (J) MO 2017-04-05 09:24

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Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the completed form for your records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drinking Water Branch at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Public Health Laboratory at (573) 751-3334.

Complete or correct the following information

Collected Date:

17-3-4

Collected Time: 06 45

PWS ld: MO1024118

Facility Id: DS

Sample Type: Ronting

Sample Collection Point 0 9

(b) (b), (b) (7

Sample Collection Point U

Location:

Sample Category: Bacterial

Collector Phone:

Bottle Number: 88 3 80

Repeat Location: Free Chlorine:

Total Chlorine: 2.//

(b) (c), (b

County: CASS

Collector Signatur

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Received By:

http://www.health.mo.gov/lab/index.php

Jefferson City, MO 65102

pH:

Evidence of Tampering:

No

Yes

Evidence of Cooling:

Yes No

Date Printed: 2016-07-20

Temperature (Celsius):

Bottles Received:

Thermometer ID:

SD 062015

101 N. Chestnut PO Box 570

BUILD ID _____



Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

178



CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

BILL

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2017-04-05 09:24

MO DE 1101

JEFFERSON CITY, MO 65102

Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

PRINT LEGIBLY. Instructions for completing form are supplied in the Collection Kit. If desired, make a copy of the completed form for your records. For compliance monitoring questions, contact the Missouri Department of Natural Resources-Public Drinking Water Branch at (573) 751-5331 or your regional office. For laboratory test results or testing questions, contact the Missouri State Public Health Laboratory at (573) 751-3334.

Complete or correct the following information,

Collected Date: 17-8-4

Collected Time: 07 '40

PWS ld: MO1024118

Facility Id: DS

Sample Type: Routine

Sample Collection Point

Location:

Collector Phone:

Collector: Sample Category: Bacterial

Repeat Location:

Bottle Number: 865 26

Free Chlorin

Total Chlorine: 2, 35

Collector Signatur

County: CASS

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Received By:

pH:

Evidence of Tampering:

Bottles Received:

Evidence of Cooling:

Yes

No

Date Printed: 2016-07-20

Temperature (Celsius):

Thermometer ID:

SD 062015

BUILD ID

Yes

No

BUILD ID ____

101 N. Chestnut PO Box 570

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Sample Collection Form

Environmental

REPORT TO:

178

CASS CO PWSD 9 25902 SOUTHWOOD RD HARRISONVILLE, MO 64701-0000

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JEFFERSON CITY, MO 65102

Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

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Complete or correct the following information

Collected Date: 17-4 4

Collected Time: 08:20

PWS ld: MO1024118

Facility Id: DS

Sample Type: Routing

Sample Collection Point

Location: (D) (6), (b) (7)(C)

(6), (b) (7)(C)

Yes

No

Collector:,

Collector Phone:

Sample Category: Bacterial

Repeat Location:

Bottle Number: 865 95

Free Chlorine:

Total Chlorine: 2.1()

Collector Signati

County: CASS

For Laboratory Use Only -- Please do not write below this line

Received By:

pH:

Evidence of Tampering:

Evidence of Cooling:

Yes No

Date Printed: 2016-07-20

Temperature (Celsius):

Bottles Received:

Thermometer ID:

SD 062015

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http://www.health.mo.gov/lab/index.php

Jefferson City, MO 65102

BUILD ID



Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

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CASS CO PWSD 9 25902 SOUTHWOOD RD HARRISONVILLE, MO 64701-0000 BILI TO

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Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

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Complete or correct the following information

Collected Date: 17-4-4

Collected Time: (8 : 55

PWS ld: MO1024118

Facility Id: DS

Sample Type: Linting

Sample Collection Point

Location:

Collector Phone:

Sample Category: Bacterial

Collector:

Repeat Location:

Bottle Number: 88979

Free Chlorine

Total Chlorine: 2, 34

Collector Signature

County: CASS

For Laboratory Use Only -- Please do not write below this line

Received By:

Evidence of Tampering:

pH:

Yes No

Evidence of Cooling:

Yes

No

Date Printed: 2016-07-20

Temperature (Celsius):

Bottles Received:

Thermometer ID:

SD 062015

101 N. Chestnut

PO Box 570

BUILD ID

BUILD ID _____

Missouri Department of Health & Senior Services State Public Health Laboratory

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Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

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CASS CO PWSD 9 25902 SOUTHWOOD RD HARRISONVILLE, MO 64701-0000 BILL TO:

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Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

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Complete or correct the following information

Collected Date: 17-4-4

PWS ld: MO1024118

Sample Type: Routine

Location:

Collector Phone:

Repeat Location:

Free Chlor

Collector Signat

Collected Time: 09:25

Facility Id: DS

Sample Collection Point

(6), (b) (7)(C) Collector

Sample Category: Bacterial

Bottle Number: 865 57

Total Chlorine: 1.95

County: CASS

For Laboratory Use Only -- Please do not write below this line

Received By:

Evidence of Tampering: Date Printed: 2016-07-20

Bottles Received:

Yes

No

pH:

Evidence of Cooling:

No

Temperature (Celsius):

Thermometer ID:

SD 062015

BUILD ID

BUILD ID _____

http://www.health.mo.gov/lab/index.php Jefferson City, MO 65102 101 N. Chestnut PO

Box 570

Sample Collection Form Environmental

Order #: 9889

Pages in Order: 1 of 1 Containers in Order: 1

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REPORT TO:

CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000



Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

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Complete or correct the following information

Collected Date: 17-5-10

Facility Id: DS

Collected Time: 05.30

PWS ld: MO1024118

Sample Type: Routing

Sample Collection Point O

Collector:

Collector Phone

Location

Sample Category: Dacterial

Repeat Location:

Bottle Number 10272

Free Chlor

Total Chlorine: 2,12

Collector Signa

County: CASS

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Received By:

http://www.health.mo.gov/lab/index.php

Jefferson City, MO 65102

Evidence of Tampering:

Yes No Evidence of Cooling:

Yes

No

Date Printed: 2017-04-20

Temperature (Celsius):

Bottles Received:

Thermometer ID:

SD 062015

101 N. Chestnut

PO Box 570

BUILD ID ____

Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

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CASS CO PWSD 9 25902 SOUTHWOOD RD HARRISONVILLE, MO 64701-0000 RIII TO:



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Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

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Complete or correct the following information

Collected Date: 17-

Collected Time: 06 130

Facility Id: DS

PWS ld: MO1024118

Sample Type: Levilino

Sample Collection Point C

Location (b) (6), (b) (7)(C)

Collector Sample Category: Bacterial

Repeat Location:

Collector Phone

Bottle Number: 10383

Free Chlorine

Total Chlorine: 2, 22

Collector Signature

County: CASS

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Received By:

pH:

Evidence of Tampering:

No

Yes

Evidence of Cooling:

No

Date Printed: 2017-04-20

Temperature (Celsius):

Bottles Received:

Thermometer ID:

BUILD ID _____

BUILD ID _____

Missouri Department of Health & Senior Services State Public Health Laboratory

SD 062015

101 N. Chestnut

PO Box 570

Jefferson City, MO 65102

nttp://www.health.mo.

Sample Collection Form Environmental

Order #: 9889

Pages in Order: 1 of

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REPORT TO:

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CASS CO PWSD 9 25902 SOUTHWOOD RD

HARRISONVILLE, MO 64701-0000

BILL TO:



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Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

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Complete or correct the following information

Collected Date: 17-5-10

Collected Time: 07:20

PWS Id: MO1024118

Facility Id: DS

Sample Type: Routing

Sample Collection Point

Location:

Collector:

Sample Category: Bacterial

Collector Phone:

Repeat Location:

Bottle Number:

Free Chl

Total Chlorine: 2. 05

County: CASS

Collector Sign

For Laboratory Use Only -- Please do not write below this line

Received By:

Evidence of Tampering:

Yes

No

Evidence of Cooling:

Yes

No

Date Printed: 2017-04-20

Bottles Received:

Temperature (Celsius):

Thermometer ID:

SD 062015

nttp://www.health.mo.gov/lab/index.php

Jefferson City, MO 65102

Missouri Department of Health & Senior Services

State Public Health Laboratory

101 N. Chestnut

O Box 570

BUILD ID ____



Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

178



CASS CO PWSD 9 25902 SOUTHWOOD RD HARRISONVILLE, MO 64701-0000 BILL TO:



Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

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Complete or correct the following information

Collected Date: 17-5-10

Collected Time: 08:30

PWS ld: MO1024118

Facility Id: DS

Loutine Sample Type:

Sample Collection Point

Location:

Collector

Sample Category: Bacterial

Repeat Location:

Collector Phone:

Bottle Number: 1030/

Free Chlorine

Total Chlorine: 2 - 40

County: CASS

Collector Signature

For Laboratory Use Only -- Please do not write below this line

Received By:

pH:

Evidence of Tampering:

No

Yes

Evidence of Cooling:

Yes

No

Date Printed: 2017-04-20

Temperature (Celsius):

Thermometer ID:

Bottles Received:

SD 062015

Missouri Department of Health & Senior Services

State Public Health Laboratory

101 N. Chestnut

BUILD ID

BUILD ID ____

PO Box 570

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Containers in Order: 1

REPORT TO:

178



CASS CO PWSD 9 25902 SOUTHWOOD RD HARRISONVILLE, MO 64701-0000 BILL TO:



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Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

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Complete or correct the following information

Collected Date: 17-5 10

Collected Time: 09 130

Facility Id: DS

PWS ld: MO1024118

Sample Collection Point

Sample Type: Linting Location:

Collector:

Collector Phone:

Sample Category: Bacterial

Repeat Location:

Free Chlor

Collector Signa

Bottle Number: 10364

Total Chlorine: 1. 95

County: CASS

For Laboratory Use Only -- Please do not write below this line

Received By:

No

Yes

Evidence of Cooling:

Temperature (Celsius):

Yes

No

Date Printed: 2017-04-20 Bottles Received:

Evidence of Tampering:

Thermometer ID:

BUILD ID

BUILD ID _____

Sample Collection Form Environmental

Missouri Department of Health & Senior Services State Public Health Laboratory 101 N. Chestnut PO Box 570

SD 062015

http://www.health.mo.gov/lab/index.php

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Containers in Order: 1

Sample Collection Form

Environmental

REPORT TO:

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CASS CO PWSD 9 25902 SOUTHWOOD RD HARRISONVILLE, MO 64701-0000

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JEFFERSON CITY, MO 65:07

Requested Analyses/Tests

PUBLIC DRINKING WATER BACTERIAL ANALYSIS

Total Coliform Bacteria and E. coli (Present/Absent Test)

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Complete or correct the following information

Collected Date: 7-5 -/ 0

Collected Time: 09.55

PWS ld: MO1024118

Sample Type: Kon line

Sample Collection Point

Collector:

Collector Phone:

Sample Category: Bacterial

Facility Id: DS

Repeat Location:

Location:

Bottle Number: 1/5 42

Free Chlori

Total Chlorine: / 98

Collector Signate

County: CASS

For Laboratory Use Only -- Please do not write below this line

Received By:

pH:

Evidence of Tampering:

Evidence of Cooling:

Yes No

Date Printed: 2017-04-20

Temperature (Celsius):

Bottles Received:

Thermometer ID:

SD 062015

BUILD ID _____

Yes

No

BUILD ID

http://www.health.mo.gov/lab/index.php Jefferson City, MO 65102 101 N. Chestnut

Box 570